						i	2507-L
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/26/2017	EY
MILTON S	vider or supplier: 5. HERSHEY MEDICAL C 26 number: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVI			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
A 0000	INITIAL COMMENT	IER REPRESENTATIVES SIGN	ATURE	A 0000	TITLE	CYGI DATE:	
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	iek kepresentative's SIGN	AIURE		TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

CMS-2567L

HEALTH CAR	RE FINANCING ADMINISTRA	ATION					2567-L
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUME 390256						EY
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL (	CENTER, THE	STREET ADDRESS 500 UNIVERS P.O. BOX 850	SITY DRIVE )	P CODE:	1	
STATE LICEN	ISE NUMBER: 135101		HERSHEY, P	PA 17033			
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
A 0000	Continued from page 1		A 0000				
	This report is the result complaint investigation on-site April 12-13, 20 Medical Center. It was was not in compliance CFR, Title 42, Part 48 for Hospitals. Immediate Jeopardy wat at 10:40 AM for failin of a patient using a Bas The facility submitted 2017, at 5:00 PM to ac jeopardy situation. The facility so that the faci information. The facility re-submitted 2017 at 7:29 PM to acd jeopardy situation. The facility's immedia	on (HBG17I180H) co 017, at Milton S Hers as determined that the e with the requirement 2-Conditions of Part vas called on April 12 g to monitor the term air Hugger. an action plan on Ap ddress the immediate he plan was returned ility could add addition ted an action plan on ddress the immediate	onducted shey e facility nts of 42 icipation 3, 2017, perature pril 13, to the onal April 13,				

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HEALIH CAK	E FINANCING ADMINISTRA	TION					2567-L			
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUME 390256			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/26/2017				
MILTON S		ERSHEY MEDICAL CENTER, THE			DER OR SUPPLIER: HERSHEY MEDICAL CENTER, THE P.O. BOX 850					
STATE LICENS	se number: 135101		HERSHEY, P	A 17033						
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
A 0000	Continued from page 2			A 0000						
	education, counseling, process, audits, and co									
	The Immediate Jeopard 2017 at 7:29 PM.	dy was abated on Ap	oril 13,							
A 0020				A 0020						

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LALIIICAF	RE FINANCING ADMINIST						256	
	T OF DEFICIENCIES AND PRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	ER:		PLE CONSTRUCTION:	(X3) DATE SUR COMPLETED:	VEY	
		390256		B. WING:		06/26/2017		
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P.	SITY DRIVI				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE				
. 0020	Continued from page 3			A 0020				
	482.11 COMPLIANCE Compliance with Federa This REQUIREMENT is				<ol> <li>The Penn State Health I Hershey Medical Center (HI Chief Medical Officer (CMO Chief Quality Officer (CQO email all direct care physicia advanced practice clinicians regarding this serious patien event with reminders about requirements on reporting pa safety events in the patient s event reporting system. This completed on April 15, 2017</li> <li>The HMC Patient Safet (PSO) will institute an electri health record hard stop alert that will be triggered when a care staff log onto the electric health record, precluding that member from proceeding with acknowledging receipt and r the alert) indicating the characting the there is a staff member of the n regarding event reporting requirements. An initial corr report will be generated demonstrating acknowledge</li> </ol>	MC) D) and ), shall ins and a memo t safety atient afety s was y. y Officer ronic (an alert my direct onic it staff thout eview of ges to e and ement nessage mpliance	Completion Date: 07/24/2017 Status: APPROVED Date: 07/14/2017	

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HEALTH CAI	RE FINANCING ADMINISTRA	ATION					2567-
	CATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIED IDENTIFICATION NUMBER 390256						
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( ise number: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P	SITY DRIVI			
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
A 0020	Continued from page 4			A 0020	<ul> <li>this alert within 30 days by of care staff employed at the till survey. The electronic health hard stop alert will remain in for four months for all direct staff that access the electron health record system for the time after April 14, 2017. Treporting requirement messabe sustained in new employed orientation and annual safety training in the fiscal year 20 curriculum.</li> <li>The HMC Chief Nursing will email all nursing staff information regarding this sepatient safety event with remabout requirements on reporting system was completed on April 13,</li> <li>The PSO will read the I CMO and CQO memo regars serious patient safety event requirement reporting patient safety event with remating staft information regarding the sepatient safety event with remating the substance of the patient safety event with remating the sepatient safety event with remating the patient safety event with remating the patient safety event in the patient safety event reporting system was completed on April 13,</li> </ul>	me of h record n effect t care ic first his was This ge will ee 7 18 ng Officer erious ninders ting vatient n. This 2017. HMC ding this with ts on	

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IF CONTINUATION SHEET Page 5 of 54

EALTH CAF	RE FINANCING ADMINIST	RATION					256	
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 390256			× /			(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL SE NUMBER: 135101	CENTER, THE	STREET ADDRESS 500 UNIVERS P.O. BOX 850 HERSHEY, P	SITY DRIVI				
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DE EDED BY FULL REGULATORY O NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
					<ul> <li>patient safety event reporting system at the Daily Safety B This was announced on Apr 2017, at 11 am.</li> <li>5. The PSO will oversee t individual counseling and re the patient safety event report the involved eight clinicians attendance roster for the edu sessions will document and attached to the patient safety report file. All counseling w completed and documented 21, 2017 briefing.</li> <li>6. In order to educate all I employees, the PSO will ass HMC employees a required learning course (HMC's inte electronic staff education plat to be completed within 30 di content describing timely report file, safety events, HM expectations of Patient Safety Reporting, the methods to re and references to the Patient Event Reporting policy A09 Course completion will be the safety of patient safety events.</li> </ul>	rriefing. il 14, he view of rting for . An lecation be v event vas by April HMC lign to all Compass rnal atform) ays, with porting C ty Event port, Safety HAM.		

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EALTH CAP	RE FINANCING ADMINISTR	RATION		· · · · ·			250	
	F OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C				(X3) DATE SURVEY COMPLETED: 06/26/2017		
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL NSE NUMBER: 135101	390256 CENTER, THE	STREET ADDRESS 500 UNIVERS P.O. BOX 850 HERSHEY, P	, CITY, STATE, Z SITY DRIVI	JIP CODE:			
(X4) ID PREFIX TAG	MUST BE PRECER	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
0020	Continued from page 6			A 0020	<ul> <li>the Compass electronic syste Failure to complete this required course will result in the applied of the Progressive Discipling The training was made avail April 21, 2017.</li> <li>7. A new Patient Safety departmental policy will be implemented by July 17, 20 clearly outline timelines for reporting into PA-PSRS con- key steps to ensure timely re- Escalation to the PSO will of delays in review and investing The investigation and overal of events along with an initial consideration for PA-PSRS designation will occur no late 14 days of initiating the revion Reasons for extension beyon days will be documented in internal event reporting syste the PSO. After 14 days, if questill exist regarding the event designation but the event is considered at least an "Incident" un part of the program of the event will be entered into part of the event will be entered into part of the event will be entered into part of the part of the event of the event will be entered into part of the part of the part of the part of the event will be entered into part of the part of the event of the part of the part of the event will be entered into part of the part of the part of the event will be entered into part of the part of the part of the event will be entered into part of the part of the event will be entered into part of the part of</li></ul>	nired ication e Policy. able on 17 to event taining eporting. ccur for gation. Il review al ter than ew. hd 14 our em by uestions t ent,"		

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HEALTH CAR	E FINANCING ADMINISTRA	TION					2567-L		
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIED IDENTIFICATION NUMBER 390256						EY		
MILTON	NAME OF PROVIDER OR SUPPLIER: MILTON S. HERSHEY MEDICAL CENTER, THE STATE LICENSE NUMBER: 135101			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033					
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
A 0020	Continued from page 7			A 0020	further confirmation occurs. time during the 14 day intern review, if an event is confirm report will be entered into th PA-PSRS portal within 24 h per current policy. This pro- ensure the report is routed appropriately to the Pennsyl- DOH and/or the PA Patient 2 Authority as applicable. Th will be implemented July 17 8. The PSO and CQO will for compliance with regard t PA-PSRS reporting and mak available, monthly, a report timespans between event dat internal reporting date, and H reporting date to the Patient Committee. This reporting w on July 24, 2017. 9. We will continue engage with our patient safety organ (ECRI) to assist in providing institutional resources, inclu- staff education, that will pro- culture of safety. Additional contracted with Healthcare	hal ned, the le ours as cess will vania Safety lis policy y, 2017. I monitor to timely te outlining te, PA-PSRS Safety vill begin gement hization g ding mote a			

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1EALTH CAP	RE FINANCING ADMINISTR	ATION					2567
	T OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED: 06/26/2017	EY
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVI		I	
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O ITIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0020	Continued from page 8			A 0020	Performance Improvement ( provide patient safety-related content, and to assist in a comprehensive assessment of current culture of safety and a road map for improvement education with materials der from HPI began on June 15,	d of our develop t. Staff rived	

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			İ						
	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 390256	A. BLDG:	00	(X3) DATE SURV COMPLETED: 06/26/2017	EY			
MILTON	ROVIDER OR SUPPLIER: I <b>S. HERSHEY MEDICAI</b> NSE NUMBER: <b>135101</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850						
STATE LICE	NSE NOMBER. 133101		HERSHEY, PA 17033						
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DEF EDED BY FULL REGULATORY OF NTIFYING INFORMATION)		PROVIDER'S PLAN OF CORF CORRECTIVE ACTION S CROSS-REFERENCED TO TH	HOULD BE	(X5) COMPLETE DATE			
0020	Continued from page 9		A 0020						
	records (MR), Depa (Department) databa it was determined th State laws: Milton S Hershey M	ase, and staff interview the facility failed to conf ledical Center was not i	(EMP), form to all						
	compliance with the following State law: The Medical Care Availability and Reduction Error Act, 40 P.S. § 1303.101 et seq. § 1303.2 Medical Facility reports and notifications (a) Serious event reports A medical facility shal the occurrence of a serious event to the depar and the authority within 24 hours of the medi facility's confirmation of the occurrence of th serious event. The report to the department a authority shall be in the form and manner pre by the authority in consultation with the depa and shall not include the name of any patient other identifiable individual information. (b) reports A medical facility shall report the		3.313 (a) all report artment dical the t and the rescribed partment nt or any						

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HEALTH CARE	FINANCING ADMINISTRA	TION					2567-L
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUMB 390256			A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
MILTON S.	VIDER OR SUPPLIER: <b>. HERSHEY MEDICAL C</b> E NUMBER: <b>135101</b>	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	SITY DRIVE		I	
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)	FICIENCY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
	Continued from page 10 occurrence of an incide and manner prescribed include the name of an individual information reports. A medical fac occurrence of an infras department within 24 H confirmation of the occ infrastructure failure. shall be in the form and department. This is not met as evid Based on review of fac records (MR), Departm (Department) database it was determined the face serious event to the Dee Safety Authority withi Findings include:	by the authority and any patient or any other (c) Infrastructure f cility shall report the structure failure to the hours of the medical currence or discover The report to the dep d manner prescribed enced by: cility documents, me nent of Health's c, and staff interview facility failed to repore	d shall not er àilure le facility's y of the bartment by the dical (EMP), ort a tient	A 0020			

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	T OF DEFICIENCIES AND ORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	.: A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED:	EY	
	390256     B. WING:       DVIDER OR SUPPLIER:     STREET ADDRESS, CITY, STATE, ZIP CODE:       S. HERSHEY MEDICAL CENTER, THE     500 UNIVERSITY DRIVE				06/26/2017		
	NSE NUMBER: 135101		P.O. BOX 850 HERSHEY, PA 17033				
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC PREFIX TAG CORRECTIVE ACTION SHO				ACTION SHOULD BE CC		
. 0020	Continued from page 11		A 0020				
	<ul> <li>"Performance Impro 2016, revealed "Ex events and infrastruct the DOH within 24 H occurrence via the P Reporting System. S to the Patient Safety confirmation of occu Patient Safety Repo</li> <li>A review on April 12 the patient arrived in January 10, 2017, at of 89.4 degrees F, re warmer device) was following patient ten rectally: 90.8 F at 8 97.8 at 10:44 PM, ar January 11, 2017. T temperatures docum January 11, 2017. T</li> </ul>	2-13, 2017, of MR1 re a the Emergency Depar 2:51 PM, with a temp ectally. A Bair Hugger applied to the patient. mperatures were obtair 3:16 PM, 92.8 F at 9:14 and 98.0 F at 12:14 AM	re June ous oported to of afety reported ours of lvania vealed rtment on erature · (blanket The ned 4 PM, on on perature				

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IF CONTINUATION SHEET Page 12 of 54

	T OF DEFICIENCIES AND	ECTION (POC) IDENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURV	EY	
PLAN OF CC	JKKEUHON (POC)	IDENTIFICATION NUMBER:	A. BLDG:	00	COMPLETED:		
		390256	B. WING:		06/26/2017		
	OVIDER OR SUPPLIER: <b>S. HERSHEY MEDICAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850					
STATE LICEN	NSE NUMBER: 135101		P.O. BOX 850 HERSHEY, PA 17033				
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DEI EDED BY FULL REGULATORY OF NTIFYING INFORMATION)		PROVIDER'S PLAN OF CO CORRECTIVE ACTIC CROSS-REFERENCED TO	ON SHOULD BE	(X5) COMPLETE DATE	
0020	Continued from page 12		A 0020				
	inpatient note adden	dum dated January 13,	2017,				
	revealed "We cam	e and saw him in ED a	round 10				
		vitals and his last temp					
		he nurse during the rou					
	-	w 42 C {107.6 F}. We					
		er and it had been on h	e e				
	•	nt was transferred to pe PICU). A review of the					
	`	revealed, the patient ".					
		k with ECG changes co					
		d ST elevation, worrise	•				
		mpairment in addition					
	-	al impairmentDespi					
	measures, QRS dege	enerated, there are episo	odes of				
	pulseless ventricular	r tachycardia superimpo	osed on a				
	baseline of persisten	t hypotensionHypot	ension				
	persisted, with chao	tic QRS morhphology a	and				
	-	nics despite ongoing					
	resuscitative efforts. He expired at 5:39 PM		И."				
	-	partment's database rev					
	the facility reported	1 1	£ 1.			1	
		nsylvania State Reporti					

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IF CONTINUATION SHEET Page 13 of 54

STATEMENT (							
PLAN OF COR	STATEMENT OF DEFICIENCIES AND       (XI) PROVIDER/SUPPLIER         PLAN OF CORRECTION (POC)       IDENTIFICATION NUMBER         390256         NAME OF PROVIDER OR SUPPLIER:         MILTON S. HERSHEY MEDICAL CENTER, THE         STATE LICENSE NUMBER:         135101						ΞY
MILTON S				STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033			
(X4) ID PREFIX TAG	MUST BE PRECEED	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)	FICIENCY	ID REFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0020 A 0395	Continued from page 13 System (PSRS), 77 da An interview conduct AM with EMP9 confi the event until March facility became award Authority sent the fac 2017, regarding the e employee reported the Patient Safety Author one from the facility I facility's internal repor he would have expect this event. EMP9 fur no questions, it should away."	ted on April 12, 2017, irmed the facility did 29, 2017. EMP9 state e after the Patient Safe ility a letter dated Ma vent. EMP9 stated th e event anonymously ity. EMP9 confirmed had entered the event rting system. EMP9 stated ther stated that "Hand	, at 11:45 not report ted the ety urch 3, at an to the d that no into the stated that egarding ls down, right	0020			

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PRINTED: 8/24/2017 FORM APPROVED 2567-L

	KE FINANCING ADMINISTR.			1		1	256
			(POC) IDENTIFICATION NUMBER:				VEY
NAME OF PROVIDER OR SUPPLIER:STREET ADDRESS, CITY, STATE, ZIP CODE:MILTON S. HERSHEY MEDICAL CENTER, THE500 UNIVERSITY DRIVESTATE LICENSE NUMBER: 135101P.O. BOX 850HERSHEY, PA 17033				I			
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEE IDEN		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
A 0395	Continued from page 14			A 0395			
	nursing care for each pati	upervise and evaluate the			<ol> <li>The Penn State Health Hershey Medical Center (HI Emergency Department (EE Manager will discuss with tl involved registered nurses () the need to document all vita (temperature, heart rate,puls pressure and oxygen saturat required in Emergency Depa Nursing Standard of Care E (revision date April 13, 2017) Emergency Department Nur Standard of Care E 8CPMN revised on April 13, 2017). T involved RN communication completed on April 14, 2017 involved RNs acknowledged writing that they will compli- required vital sign documen Documentation was provide demonstrating that each RN reviewed and agreed to an understanding of this revised standard of care on April 14</li> <li>The ED Nurse Manage communicate via email to al nursing staff the revised star care E 8CPMN. The ED nur</li> </ol>	MC) )) Nurse ne RNs), al signs e, blood ion) as artment 8CPMN 7). The rsing was 7. The d in y with tation. d d , 2017. r shall l ED ndard of	Completion Date: 04/17/2017 Status: APPROVEI Date: 07/11/2017

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EALTH CAF	RE FINANCING ADMINIST	RATION		-i			256			
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>				(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>				
MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL SE NUMBER: 135101	CENTER, THE	STREET ADDRESS 500 UNIVERS P.O. BOX 850 HERSHEY, P	SITY DRIVI						
(X4) ID PREFIX TAG	SUMMARY STATEM MUST BE PRECE IDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE				
					<ul> <li>will be required to acknowle review of the standard of car their signature captured on a This email was sent on Apri 2017.</li> <li>3. The ED Nurse Manage review the expectations for v documentation in a weekly newsletter that is distributed staff. The newsletter was em April 14, 2017.</li> <li>4. For a period of three m the ED Nurse Manager will audits of thirty (30) randoml selected ED medical records month for appropriate documentation of vital signs the revised standard of care a 8CPMN. These monthly audit. The name of nurse who documented vital those records will be recorde audit tracking purposes. This process was initiated on Apri 2017.</li> <li>5. The ED Nurse Manage monitor audit results and uti Progressive Discipline proces</li> </ul>	re with roster. 113, r will vital sign to ED nailed on onths, oversee y per as per E dits will each the ED s in ed for is audit il 17, r will lize the				

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	XTEMENT OF DEFICIENCIES AND       (XI) PROVIDER/SUPPLI         XN OF CORRECTION (POC)       IDENTIFICATION NUM         390256			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
MILTON S	VIDER OR SUPPLIER: 5. HERSHEY MEDICAL C 36 number: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P.	SITY DRIVI			
(X4) ID PREFIX TAG	MUST BE PRECEED	Γ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 4	OULD BE	(X5) COMPLETE DATE
A 0395	Continued from page 16			A 0395	address any findings of noncompliance as needed wi identified staff RNs.	ith	

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IEAL I H CAI	RE FINANCING ADMINISTRA	TION				-	256			
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>				(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>				
MILTON	MILTON S. HERSHEY MEDICAL CENTER, THE 500 P.O			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033						
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEEL IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE				
A 0395	Continued from page 17 Based on review of fa (MR) and staff intervi the facility failed to ev of 11 medical records Findings include: A review of facility po Standard of Care" eff revealed, "f. Ongoin the following: Vital S heating/cooling device when a patient is under blanket, or cooling bla patients requiring war have continuous temp foley probe in place A review on April 12- the patient arrived in t January 10, 2017, at 2 of 89.4 degrees F, rect warmer device) was a	ew (EMP), it was devaluate the nursing careviewed (MR1). blicy "Children's Hose cective December 201 g patient assessment SignsTemperature es: Minimum of every er a heating lamp, wanket. If not contrain ming/cooling blanke erature monitoring re- " 13, 2017, of MR1 re- he Emergency Depar- 151 PM, with a temp tally. A Bair Hugger	termined are for one spital 16, includes .For ry 2 hours rming idicated, t should ectal or vealed rtment on erature (blanket	A 0395						

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	RE FINANCING ADMINIST				1	256			
	T OF DEFICIENCIES AND ORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: <b>390256</b>	A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/26/2017				
MILTON	ROVIDER OR SUPPLIER: N S. HERSHEY MEDICAI ENSE NUMBER: 135101	L CENTER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033						
(X4) ID PREFIX TAG	MUST BE PRECE	ENT OF DEFICIENCIES (EACH DEF EDED BY FULL REGULATORY OR NTIFYING INFORMATION)		PROVIDER'S PLAN OF CORR CORRECTIVE ACTION S CROSS-REFERENCED TO THI	HOULD BE	(X5) COMPLETE DATE			
0395	Continued from page 18		A 0395						
	rectally: 90.8 F at 8 97.8 at 10:44 PM, at January 11, 2017. T temperatures docum January 11, 2017. T at that time was 107 inpatient note adden revealed "We cam AM. There were no around midnight. T us him temp was no about the bair hugge night"	The patient's rectal temp .6 F. A review of physic dum dated January 13, e and saw him in ED ar o vitals and his last temp he nurse during the rour w 42 C { $107.6$ F}. We er and it had been on hig	PM, on erature ician 2017, round 10 o was nds told asked gh all						
An interview conducted on April 13, 24 AM with EMP19 confirmed that the te were not documented in the patient's m record. EMP19 stated "I know I took t was in the room every hour doing eye of have not documented, I did not have th with me. I was probably busy with sor		onfirmed that the temper of in the patient's medica ed "I know I took temps ry hour doing eye drops d, I did not have the co	ratures al s. I s. I must omputer						

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IEAL I H CAI	RE FINANCING ADMINISTR.	ATION				-	2567
	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/26/2017	EY
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL NSE NUMBER: 135101	RSHEY MEDICAL CENTER, THE		STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033			
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY OF TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
A 0395	Continued from page 19			A 0395			<u> </u>
	An interview conduct AM with EMP4 conf documented for a "10	irmed that no temps w					
A 0397				A 0397			

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HEALIH CA	RE FINANCING ADMINISTRA	TION		•			2567-1
	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SUR COMPLETED: 06/26/2017	VEY
MILTON	MILTON S. HERSHEY MEDICAL CENTER, THE 5			CITY, STATE, Z SITY DRIVI A 17033			
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
A 0397	Continued from page 20 482.23(b)(5) PATIENT CA	each	A 0397	1. The Penn State Health		Completion Date:	
	A registered nurse must as patient to other nursing per patient's needs and the spe competence of the nursing This REQUIREMENT is r	rsonnel in accordance wi cialized qualifications ar staff available.	ith the nd		Hershey Medical Center (HI Emergency Department (ED Manager shall discuss the requirements to complete all nursing competency checklist the involved agency register nurse (RN). This discussion occurred with the involved a RN and the competency check were completed on April 15, 2. HMC shall formalize th to on-board and track all age general and departmental or checklists, which will includ competencies. The agency H be required to complete thes competency checklists withi weeks of his or her start date Completed competency check will be reviewed and signed Clinical Nurse Educator/desi and/or Nurse Manager/desig signify approval and complet the agency nurse's orientatio new process was initiated on 17, 2017. If an agency nurse completed competency check not received within 2 weeks	b) Nurse ED sts with ed agency cklists , 2017. he process ency RN ientation le RN will e n 2 cklists by the ignee nee to stion of n. This a April c's klist is	07/17/2017 Status: APPROVED Date: 07/14/2017

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HEALTH CAR	E FINANCING ADMINISTRA	TION					2567-L		
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>				(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>			
MILTON	NAME OF PROVIDER OR SUPPLIER: MILTON S. HERSHEY MEDICAL CENTER, THE STATE LICENSE NUMBER: 135101			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033					
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
					her start date, that agency nu be placed back on orientation next scheduled shift and con orientation until the checklis completed and turned into th Clinical Nurse Educator/desi and Nurse Manager/designed process will be implemented 2017. 3. The Nurse Manager of Pool/designee reviewed all a nurse files for any incomplet on all HMC Core Competen checklists. If any incomplet competency items were noted departmental Nurse Educators/designee assisted nurses in completing these it The agency RNs were given week to complete the checkl This review was completed of 17, 2017. 4. For any incomplete che items that were identified, th Manager of the Float Pool/de contacted individual Nurse Managers and Clinical Nurse Educators to ensure the agen completed the missing check	n on the tinue on tists are ne ignee e. This I July 17, the Float ngency te items cy e ed, the these tems. one list. on April ecklist ne Nurse esignee e ncy RN			

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HEALTH CAF	RE FINANCING ADMINISTRA	TION		_			2567-
	° OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>				(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P.	SITY DRIVI			
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE	
A 0397	Continued from page 22			A 0397	items within a one week peri Nurse Managers and Clinica Educators were contacted, ar completed checklist items w received by the Nurse Managethe Float Pool by April 21, 2 5. The Nurse Manager of shall educate all of the Nurse Managers, including those ne currently utilizing agency nu staff, on the agency personne process. This process shall in the agency nurse competency evaluation. Information on the agency personnel process was presented to the Nurse Managethe Clinical Services Managethe Council on May 18, 2017.	l Nurse nd the ere ger of 017. S&SD e ot ursing el nclude y he as gers at	

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		i	i		i	
	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>	A. BLDG:	<u>00</u>	(X3) DATE SURV COMPLETED: 06/26/2017	EY
	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C	CENTER, THE	STREET ADDRESS, CITY, STATE, 500 UNIVERSITY DRIV P.O. BOX 850		1	
STATE LICEN	NSE NUMBER: 135101		HERSHEY, PA 17033			
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SF CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
0397	Continued from page 23		A 0397			
	Based on review of fac (PF), and staff intervie that the facility failed to received orientation/tra- technique and devices files reviewed (PF3). Findings include:	ew (EMP), it was detected to ensure that the emaining on the thermo	ermined ployee regulation			
	A review of facility Er Registered Nurse Core 2017, revealed "Integ Competency Statemen an ability to assess, ide and troubleshoot poter integumentary/surface associated equipment. techniques & devices - hugger." Further revie revealed, "This form is allotted hours for orier	e Competency on Ap gumentary/Surface T it: Demonstrate or vo entify, provide care, p ntial or actual life-thr trauma emergencies 4. Thermoregulati - cooling machine/Be ew of the competency s to be completed with	ril 12, Trauma erbalized manage, eatening and ton ear {sic} y form			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 390256			A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/26/2017	
NAME OF PROVIDER OR SUPPLIER: MILTON S. HERSHEY MEDICAL CENTER, THE STATE LICENSE NUMBER: 135101		ENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIV			
(X4) ID     SUMMARY STATEMENT OF DEFICIENCIES (EACH D       PREFIX     MUST BE PRECEEDED BY FULL REGULATORY       TAG     IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
A 0397	Continued from page 24 A review of PF3 on Ap Emergency Departmer Competency was not c Thermoregulation tech machine/Bear {sic} hu completed. Further rev employee was hired or An interview conducte AM with EMP4 confir competency was not co thermoregulation tech machine/Bair Hugger f was hired one year ago	at Registered Nurse ( omplete. The niques & devices - c gger was not signed iew of PF3 revealed a April 19, 2016. d on April 13, 2017, med the nurse core ompleted for niques & devices - co for PF3 and that the	Core cooling off as the at 9:30	A 0397			
A 0398				A 0398			

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PLAN OF COF	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)       (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER         390256         NAME OF PROVIDER OR SUPPLIER: MILTON S. HERSHEY MEDICAL CENTER, THE		STREET ADDRESS,	A. BLDG:00 B. WING: DDRESS, CITY, STATE, ZIP CODE: VERSITY DRIVE		(X3) DATE SURV COMPLETED: 06/26/2017	EY
STATE LICENS	se number: 135101		HERSHEY, P.	A 17033			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE 2	OULD BE	(X5) COMPLETE DATE
A 0398	Continued from page 25 482.23(b)(6) SUPERVISION Non-employee licensed nu hospital must adhere to the hospital. The director of n the adequate supervision and activities of non-employee within the responsibility of This REQUIREMENT is n	rses who are working in policies and procedures ursing service must prov nd evaluation of the clin nursing personnel which f the nursing services.	the s of the vide for ical h occur	A 0398	<ol> <li>The Penn State Health I Hershey Medical Center (HI Manager of Scheduling &amp; Si Deployment (S&amp;SD) shall c new process for agency nurse evaluations. The Manager of will create an evaluation trace for all agency nurses to be re- weekly by the Manager of S designee. The tracking log v include the name of the ager nurse and the completion da evaluation. The agency will notify the Manager of S&amp;SI evaluation is due for the age nurse six weeks after the nur- start date. This process for a nurse evaluations, including tracking log was initiated on 14, 2017. The new process - reviewed by the Manager of with all nurse managers utili agency nursing staff.</li> <li>A new process shall be to ensure complete agency n evaluations. When an agency nurse's six-week evaluation the Manager of S&amp;SD will s</li> </ol>	MC) taff reate a se f S&SD cking log eviewed &SD or will ney te of the also D that an ney rse's agency the April was S&SD, izing created nurse y is due,	Completion Date: 07/17/2017 Status: APPROVED Date: 07/14/2017

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IEALTH CAI	RE FINANCING ADMINISTI	RATION		-			2567	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 390256				LIA (X2) MULTIPLE CONSTRUCTION: (X3) DA COMPL A. BLDG:00 B. WING: 06/26.			EY	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE J	OULD BE	(X5) COMPLETE DATE	
A 0398				A 0398	electronic communication to relevant Nurse Manager with to the online agency nurse evaluation form. The Nurse shall complete the electronic evaluation within three busin days of receipt and respond Manager of S&SD that the evaluation has been complet Manager of S&SD will ensu the evaluations are complete Nurse Manager within three business days. The Manage S&SD will then mark the ev completed in the evaluation log. This process was initial April 14, 2017. If the agence evaluation is not completed three business days, the Mar S&SD will notify the Direct Nursing to take action. If issi identified, actions may inclu progressive discipline proce- order to obtain evaluation. The implemented on July 17, 3. The HMC Nurse Mana, the Agency Supervisors will for known performance issue	h a link Manager ness to the ed. The re that ed by the r of aluation tracking ted on y nurse within nager of or of sues are ide the ss, in This will 2017. gers and monitor		

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IEAL IH CAF	RE FINANCING ADMINISTRA	TION					2567
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIN IDENTIFICATION (POC) IDENTIFICATION NUMBER 390256			A. BLDG: _	00	(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P.	SITY DRIVI			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEED IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
A 0398				A 0398	inform the Manager of S&SJ designee, as appropriate. The Manager of S&SD or design investigate and validate any with the relevant Nurse Man Based on the findings of the investigation, the Manager or will decide whether to remedi terminate the agency nurse's contract. This process was implemented on April 14, 20 4. The Nurse Manager of shall educate all of the Nurse Managers, including those n currently utilizing agency nu staff, on the agency personne process. This process shall in the agency nurse evaluation. information was presented to Nurse Managers at the Clinic Services Management Count May 18, 2017.	ee will issues lager. of S&SD diate or 017. S&SD e ot ursing el nclude This o the cal	
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	RE FINANCING ADMINISTRA					·	2567-	
	F OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>					(X3) DATE SURVEY COMPLETED: 06/26/2017	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C NSE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVI		L		
(X4) ID PREFIX TAG	MUST BE PRECEED	Γ OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)	FICIENCY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
A 0398	Continued from page 28		A 0398					
	<ul> <li>(PF), and staff interviet the facility failed to emperformance evaluation three personnel files reference Findings include:</li> <li>A review of facility por effective October 2015 redacted} Healthcare was six weeks after the age the unit. Evaluation for electronically by the N and submitted to {name Evaluation is kept on facility by the Healthcare"</li> <li>A review of PF3 on Age employee was hired on no evaluations in the page</li> </ul>	sure periodic work ns were completed f eviewed (PF1). blicy "Agency Person 5, revealed, "b. {na will send an evaluation ency personnel has w form will be completed furse Manager or des ne redacted} Healthch file by {name redacted pril 12, 2017, revealed n April 19, 2016. Th	for one of nnel" ime on form, vorked on vd signee are. ed } ed the					

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	21E CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/26/2017	EY
MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( SE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P.	SITY DRIVE		I	
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
A 0398	Continued from page 29 An interview conducted AM with EMP18 conf were done for PF3. E the facility should hav weeks apart, for PF3.	firmed that no evalua MP18 further confirm	tions ned that	A 0398			
A 0438				A 0438			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIEI IDENTIFICATION NUMBER 390256			(X2) MULTIPLE CONSTRUCTION:       (X3) DATE SURVEY         A. BLDG:00       COMPLETED:         B. WING:       06/26/2017			
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C NSE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P	SITY DRIVI		I	
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT	FICIENCY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
A 0438	Continued from page 30			A 0438			
	482.24(b) FORM AND RI The hospital must maintain inpatient and outpatient. M accurately written, prompt retained, and accessible. T of author identification and ensures the integrity of the security of all record entried This REQUIREMENT is n	n a medical record for ea Aedical records must be ly completed, properly fi The hospital must use a si d record maintenance that authentication and prote- es.	ch iled and ystem tt ects the		<ol> <li>The Penn State Health Hershey Medical Center (HI Emergency Department (ED Manager will discuss with th involved registered nurses (I the need to document all vita (temperature, heart rate, puls pressure and oxygen saturati required in Emergency Depa Nursing Standard of Care E (revision date: April 13, 2011 Emergency Department Nur Standard of Care E 8CPMN revised on April 13, 2017. T involved RN communication completed on April 14, 2017 involved RNs acknowledged writing that they will comply required vital sign document Documentation was provide demonstrating that each RN reviewed and agreed to an understanding of this revised standard of care on April 14</li> <li>The ED Nurse Manage communicate via email to al nursing staff the revised star care E 8CPMN. The ED nu</li> </ol>	MC) )) Nurse he RNs), al signs se, blood ion) as artment 8CPMN 7). The rsing was 7. The d in y with tation. d d , 2017. r shall 1 ED haard of	Completion Date: 04/17/2017 Status: APPROVED Date: 07/11/2017

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HEALTH CAP	RE FINANCING ADMINISTRA	ATION					2567
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>					EY
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVI		I	
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEEE	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)	FICIENCY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0438	Continued from page 31			A 0438	<ul> <li>will be required to acknowle review of the standard of car their signature captured on a This email was sent on Apri 2017.</li> <li>3. The ED Nurse Manage review the expectations for v documentation in a weekly newsletter that is distributed staff. The newsletter was en April 14, 2017.</li> <li>4. For a period of three m the ED Nurse Manager will audits of thirty (30) randoml selected ED medical records month for appropriate documentation of vital signs the revised standard of care 8CPMN. These monthly au- include the involved RNs in monthly audit. The name of nurse who documented vital those records will be recorde audit tracking purposes. This process was initiated on Apr 2017.</li> </ul>	re with roster. 113, r will vital sign to ED nailed on onths, oversee y s per as per E dits will each c the ED s in ed for is audit	

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	TATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIEI IDENTIFICATION NUMBER 390256			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/26/2017	
MILTON S	vider or supplier: 5. HERSHEY MEDICAL C 5e number: 135101	ENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIV			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0438	Continued from page 32			A 0438	5. The ED Nurse Manager monitor audit results and uti Progressive Discipline proce address any findings of noncompliance as needed wi identified staff RNs.	lize the ess to	

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HEALTH CAF	RE FINANCING ADMINISTRA	ATION					2567-L	
	T OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		(X2) MULTIPI A. BLDG: <u>0</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>		
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( ise number: 135101	CENTER, THE	STREET ADDRESS 500 UNIVER P.O. BOX 85 HERSHEY, I	0	CODE:	I		
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
A 0438	Continued from page 33 Based on review of fa (MR) and staff intervi the facility failed to en pertaining to a patient accurately incorporate one of 11 medical reco Findings include: A review of facility po Standard of Care" eff revealed, "f. Ongoin the following: Vital S heating/cooling device when a patient is under blanket, or cooling bla patients requiring war have continuous temp foley probe in place A review on April 12- the patient arrived in t January 10, 2017, at 2	ew (EMP), it was den sure all clinical info shall be completely ed in the medical reco ords reviewed (MR1) belicy "Children's Hos ective December 201 ag patient assessment SignsTemperature es: Minimum of ever er a heating lamp, wa anket. If not contrain ming/cooling blanke erature monitoring re ."	termined rmation and ord for ). spital 16, includes .For ry 2 hours rming indicated, t should ectal or vealed rtment on	A 0438				

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HEALTH CAR	E FINANCING ADMINISTRA	TION					2567-L
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		(X2) MULTII A. BLDG: B. WING:	(X3) DATE SURVE COMPLETED: 06/26/2017		
MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL C SE NUMBER: 135101	CENTER, THE	STREET ADDRESS 500 UNIVERS P.O. BOX 850 HERSHEY, P	SITY DRIVE			
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0438	Continued from page 34 of 89.4 degrees F, rect warmer device) was a following patient temp rectally: 90.8 F at 8:1 97.8 at 10:44 PM, and January 11, 2017. The temperatures documen January 11, 2017. The at that time was 107.6 inpatient note addendu revealed "We came a AM. There were no v around midnight. The us him temp was now about the bair hugger a night" An interview conducte AM with EMP19 confi documentation was no to include the patient's "I know I took temps. doing eye drops. I mu	oplied to the patient. beratures were obtain 6 PM, 92.8 F at 9:14 98.0 F at 12:14 AM ere were no other ited until 10:22 AM e patient's rectal temp F. A review of physic and saw him in ED a itals and his last tem nurse during the rou 42 C {107.6 F}. We and it had been on his ed on April 13, 2017. Firmed that medical r t complete due to the temperatures. EMP I was in the room ev	The and A PM, on on perature sician , 2017, round 10 p was ands told e asked gh all , at 9:40 ecord e failure P19 stated very hour	A 0438			

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HEAL IT CAI	RE FINANCING ADMINISTRA	ATION		-			2567-
	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>					EY
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( NSE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVE		I	
(X4) ID PREFIX TAG	MUST BE PRECEEI	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
A 0438	438 Continued from page 35			A 0438			
	did not have the comp busy with something An interview conduct AM with EMP4 confi documented for a "10	else." ed on April 12, 2017 irmed that no temps v	, at 10:45				
A 0467				A 0467			

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EALTH CAR	E FINANCING ADMINISTRA	TION					2567-	
STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 390256				(X2) MULTIPLE CONSTRUCTION:       (X3) DATE S         A. BLDG:00      06/26/201         B. WING:       06/26/201			:	
MILTON S. HERSHEY MEDICAL CENTER, THE 50			STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P	SITY DRIVI				
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
X 0467	Continued from page 36 482.24(c)(4)(vi) CONTEN ORDERS,NOTES,REPOF [All records must documer All practitioner's orders, m treatment, medication reco reports, and vital signs and monitor the patient's condi This REQUIREMENT is r	TS at the following, as appro- ursing notes, reports of rds, radiology and labora other information necess tion.	atory ssary to	A 0467	<ol> <li>The Penn State Health Mii Hershey Medical Center (HM Emergency Department (ED Manager will discuss with th involved registered nurses (F the need to document all vita (temperature, heart rate, puls pressure and oxygen saturati- required in Emergency Depa Nursing Standard of Care E 3 (revision date April 13, 2017 Emergency Department Nurs Standard of Care E 8CPMN revised on April 13, 2017. TI involved RN communication completed on April 14, 2017 involved RNs acknowledged writing that they will comply required vital sign document Documentation was provided demonstrating that each RN reviewed and agreed to an understanding of this revised standard of care on April 14, 2. The ED Nurse Manager sh communicate via email to all nursing staff the revised stan</li> </ol>	MC) ) Nurse he RNs), al signs se, blood on) as urtment 8CPMN 7). The sing was he n was 7. The H in y with ration. d 4. , 2017. hall I ED	Completion Date: 04/17/2017 Status: APPROVED Date: 07/11/2017	

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IEAL I II CAI	RE FINANCING ADMINISTRA						256	
	STATEMENT OF DEFICIENCIES AND (X1) PROVIDER/SUPPLIE IDENTIFICATION NUMB 390256			A. BLDG:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING:		(X3) DATE SURVEY COMPLETED: 06/26/2017	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( NSE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVI				
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
A 0467	Continued from page 37			A 0467	<ul> <li>will be required to acknowle review of the standard of car their signature captured on a This email was sent on April 2017.</li> <li>3. The ED Nurse Manager with expectations for vital sig documentation in a weekly newsletter that is distributed staff. The newsletter was em April 14, 2017.</li> <li>4. For a period of three mont ED Nurse Manager will over audits of thirty (30) randoml selected ED medical records month for appropriate documentation of vital signs the revised standard of care 18 CPMN. These monthly audit. The name of nurse who documented vital those records will be recorde audit tracking purposes. This process was initiated on April 2017.</li> </ul>	re with roster. 1 13, vill review n to ED to ED		

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							2507 12
	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/26/2017	ΞY
	VIDER OR SUPPLIER: S. HERSHEY MEDICAL C	ENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850	ITY DRIV			
STATE LICENS	e number: 135101		HERSHEY, P.				
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY FAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0467	Continued from page 38			A 0467			
					5. The ED Nurse Manager w monitor audit results and uti Progressive Discipline proce address any findings of noncompliance as needed we identified staff RNs.	lize the ess to	

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HEALTH CA	RE FINANCING ADMINISTR	ATION					2567		
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUMB 390256						(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>		
MILTON	OVIDER OR SUPPLIER: <b>S. HERSHEY MEDICAL</b> NSE NUMBER: <b>135101</b>	CENTER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033						
(X4) ID PREFIX TAG	SUMMARY STATEMEI MUST BE PRECEE IDEN		ID REFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE			
A 0467	have continuous temp foley probe in place A review on April 12	iew (EMP), it was de ensure clinical informa ent's condition was co edical record for one ewed (MR1). bolicy "Children's Hos fective December 201 ng patient assessment SignsTemperature ees: Minimum of eve er a heating lamp, wa lanket. If not contrair rming/cooling blanke perature monitoring re "	l record termined ation onsistently of 11 spital 16, includes .For ry 2 hours urming ndicated, t should ectal or	0467					
	the patient arrived in January 10, 2017, at 2	the Emergency Depa	rtment on						

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HEALTH CAR	E FINANCING ADMINISTRA	TION					2567-I
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 390256			(X2) MULTIF A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( SE NUMBER: 135101	CENTER, THE	STREET ADDRESS 500 UNIVERS P.O. BOX 850 HERSHEY, F	SITY DRIVE )		I	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH I MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
A 0467	Continued from page 40 of 89.4 degrees F, rect warmer device) was an following patient temp rectally: 90.8 F at 8:1 97.8 at 10:44 PM, and January 11, 2017. The temperatures documer January 11, 2017. The at that time was 107.6 inpatient note addendu revealed "We came a AM. There were no v around midnight. The us him temp was now about the bair hugger a night" An interview conducted AM with EMP19 conf failed to include docum temperatures. EMP19 I was in the room ever must have not docume	pplied to the patient. peratures were obtain 16 PM, 92.8 F at 9:14 98.0 F at 12:14 AM ere were no other need until 10:22 AM e patient's rectal temp F. A review of physical and saw him in ED a itals and his last temp e nurse during the rou 42 C {107.6 F}. We and it had been on his ed on April 13, 2017 firmed that the medic mentation of the pati 9 stated "I know I too ry hour doing eye dro	The ned 4 PM, on on perature sician , 2017, rround 10 p was unds told e asked egh all , at 9:40 cal record ent's sk temps. pps. I	A 0467			

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ILALIII CAR	RE FINANCING ADMINISTRA			· ·			2567-I
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850	SITY DRIVE		I	
STATE LICEN	ISE NUMBER: 133101		HERSHEY, P	A 17033			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
A 0467	Continued from page 41 A 04		A 0467			<u></u>	
	computer with me. I was probably busy with something else." An interview conducted on April 12, 2017, at 10 AM with EMP4 confirmed that no temps were documented for a "10 hour period."						
A 1100				A 1100			

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ILALIIICAI	KE FINANCING ADMINISTRA	i				i	256	
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUMB 390256			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SUR COMPLETED: 06/26/2017	ETED:	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C INSE NUMBER: 135101	CENTER, THE	STREET ADDRESS. 500 UNIVERS P.O. BOX 850	SITY DRIVI		I		
STATE LICEN	ISE NUMBER: 133101		HERSHEY, P	A 17033				
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE	
A 1100	Continued from page 42	I from page 42 A 1100						
	482.55 EMERGENCY SE The hospital must meet the accordance with acceptabl This REQUIREMENT is n	e emergency needs of particle estandards of practice.			<ol> <li>The Penn State Health Mi Hershey Medical Center (HI Emergency Department (ED Manager will discuss with th involved registered nurses (I the need to document all vita (temperature, heart rate, puls pressure and oxygen saturati required in Emergency Depa Nursing Standard of Care E (revision date April 13, 2017) Emergency Department Nur Standard of Care E 8CPMN revised on April 13, 2017. T involved RN communication completed on April 14, 2017, involved RNs acknowledged writing that they will comply required vital sign document Documentation was provide demonstrating that each RN reviewed and agreed to an understanding of this revised standard of care on April 14</li> <li>The ED Nurse Manager s communicate via email to al nursing staff the revised star care E 8CPMN. The ED nur</li> </ol>	MC) )) Nurse ne RNs), al signs se, blood ion) as artment 8CPMN 7). The rsing was 7. The d in y with tation. d d , 2017. hall 1 ED ndard of	Completion Date: 04/17/2017 Status: APPROVEI Date: 07/11/2017	

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HEALTH CAF	RE FINANCING ADMINISTRA						2567
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) IDENTIFICATION NUME 390256			A. BLDG:	IPLE CONSTRUCTION:           00	(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( ise number: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P.	SITY DRIVI			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
A 1100	Continued from page 43			A 1100	<ul> <li>will be required to acknowle review of the standard of car their signature captured on a This email was sent on April 2017.</li> <li>3. The ED Nurse Manager with expectations for vital sig documentation in a weekly newsletter that is distributed staff. The newsletter was em April 14, 2017.</li> <li>4. For a period of three monter ED Nurse Manager will over audits of thirty (30) randoml selected ED medical records month for appropriate documentation of vital signs the revised standard of care a 8CPMN. These monthly audit. The name of nurse who documented vital those records will be recorder audit tracking purposes. This process was initiated on Apr 2017.</li> </ul>	re with roster. 113, vill review n to ED to ED tailed on ths, the rsee y per as per E lits will each the ED s in ed for s audit	

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUMB 390256		:	A. BLDG: _ B. WING: _	DPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/26/2017	
MILTON S	vider or supplier: 5. HERSHEY MEDICAL C 5e number: 135101	ENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIV			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) Complete Date
A 1100	Continued from page 44			A 1100	5. The ED Nurse Manager w monitor audit results and uti Progressive Discipline proce address any findings of noncompliance as needed w identified staff RNs.	lize the ess to	

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HEALTH CAP	RE FINANCING ADMINISTRA	ATION					2567-I	
	° OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER <b>390256</b>		(X2) MULTIP A. BLDG: <u>0</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>		
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( ise number: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERSI P.O. BOX 850 HERSHEY, PA	ITY DRIVE	P CODE:	1		
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEEI IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE		
A 1100	Continued from page 45 Based on review of fa (MR) and staff intervi- the facility failed to m patient in accordance practice for one of 11 (MR1). Findings include: A review of facility p Standard of Care" eff revealed, "f. Ongoin the following: Vital S heating/cooling devic when a patient is under blanket, or cooling bla patients requiring war have continuous temp foley probe in place A review on April 12- the patient arrived in t January 10, 2017, at 2	iew (EMP), it was deneet the emergency new with acceptable stand medical records revia olicy "Children's Host fective December 201 ing patient assessment SignsTemperature es: Minimum of eve er a heating lamp, wat anket. If not contrain runing/cooling blanke berature monitoring re- " -13, 2017, of MR1 re- the Emergency Depa	l record termined eeds of a dards of ewed spital 16, : includes .For ry 2 hours urming ndicated, t should ectal or	A 1100				

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HEALTH CAF	RE FINANCING ADMINISTRA	TION				-	2567-
	° OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER <b>390256</b>			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
MILTON	NAME OF PROVIDER OR SUPPLIER: MILTON S. HERSHEY MEDICAL CENTER, THE STATE LICENSE NUMBER: 135101			, city, state, zi SITY DRIVE A 17033			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
A 1100	Continued from page 46 of 89.4 degrees F, rect warmer device) was ap following patient temp rectally: 90.8 F at 8:1 97.8 at 10:44 PM, and January 11, 2017. The temperatures documer January 11, 2017. The at that time was 107.6 inpatient note addendu revealed "We came a AM. There were no v around midnight. The us him temp was now about the bair hugger a night" An interview conducted AM with EMP19 confi were not documented EMP19 stated "I know room every hour doing documented, I did not	pplied to the patient. peratures were obtain 16 PM, 92.8 F at 9:14 98.0 F at 12:14 AM ere were no other need until 10:22 AM e patient's rectal temp F. A review of physical and saw him in ED a itals and his last temp e nurse during the rou 42 C {107.6 F}. We and it had been on his ed on April 13, 2017 firmed that the temped in the medical record of I took temps. I was g eye drops. I must I	The ned 4 PM, on on perature sician , 2017, rround 10 p was unds told e asked igh all , at 9:40 eratures d. s in the nave not	A 1100			

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IIEALIIICAI	RE FINANCING ADMINISTRA						2567-L
	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUME 390256			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/26/2017	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL (	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850	ITY DRIVI		I	
STATE LICEN	NSE NUMBER: 135101	HERSHEY, PA 17033					
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
A 1100	Continued from page 47			A 1100			
	I was probably busy w	vith something else."					
	An interview conducted AM with EMP4 confin documented for a "10	rmed that no temps w					
A 1104				A 1104			

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER: <b>390256</b>	A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/26/2017	
MILTON	ROVIDER OR SUPPLIER: I <b>S. HERSHEY MEDICAL</b> NSE NUMBER: <b>135101</b>	CENTER, THE	STREET ADDRESS, CITY, STATE, 2 500 UNIVERSITY DRIVI P.O. BOX 850 HERSHEY, PA 17033		I	
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DEFI EDED BY FULL REGULATORY OR ITIFYING INFORMATION)		PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
A 1104	Continued from page 48		A 1104			
	[If emergency services and (3) The policies and proc provided in the emergence established by and are a c medical staff.	ICY SERVICES POLICIES re provided at the hospital redures governing medical c cy service or department are continuing responsibility of a not met as evidenced by:	-] care	<ol> <li>The HMC Nursing Qua Safety Program Director will the Adult, Children's Hospit Emergency Department, Peri-anesthesia, and Women Health standards of care to r consistent temperature moni standard for patients being v with a warming blanket. The aforementioned standards w revised and on April 13, 201 were approved for immediat application.</li> <li>The Nursing Quality ar Program Director will facility revision of the Adult, Childr Hospital, Emergency Depart and Peri-anesthesia and Won Health standards of care to b consistent with manufacture instructions of temperature monitoring every 20 minutes revised standards of care sha communicated to all relevan inpatient nursing and provid The standards were revised 13, 2017. The communicati</li> </ol>	Il revise al, 's effect a toring varmed e ere 7, they te ad Safety tate ren's tment, men's be r s. The all be tt er staff. on April	Completion Date: 07/05/2017 Status: APPROVEI Date: 07/14/2017

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HEALTH CAP	REFINANCING ADMINISTRA	ATION					2567
	F OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: <b>06/26/2017</b>	EY
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVI			
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEEI IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
A 1104	Continued from page 49			A 1104	<ul> <li>occurred on April 14, 2017.</li> <li>3. The Nursing Quality an Program Director shall instru- Nurse Managers to include communication regarding th updated standards of care in next weekly updates to nursi This was accomplished on A 2017.</li> <li>4. The device-specific pol BAIR-HUGGER WARMIN THERAPY and CABINET BLANKET GUIDELINES ( will be deleted to eliminate to possibility for differing interpretations of the policy standards of care. This was completed on April 13, 2017</li> <li>5. An electronic health reastop alert (an alert that will b triggered when any direct ca log onto the electronic health proceeding without acknowl</li> </ul>	uct all e newly their ing staff. april 14, icy B-7: G (PACU) the and 7. cord hard be re staff h record, r from	

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HEALTH CAI	RE FINANCING ADMINISTRA	ATION					2567-	
	F OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED: 06/26/2017	ΞY	
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVI				
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				A 1104	receipt and review of the ale indicating the changes to the relevant standards of care we instituted, requiring active acknowledgment for all dire staff. A compliance report we generated to demonstrate acknowledgement of this ale 30 days by direct care staff employed at the time of surve electronic health record hard alert will remain in effect for months, for all direct care sta access the electronic health resorts system for the first time after 14, 2017. This was initiated 14, 2017. This reporting require message will be sustained in employee orientation and an safety training in the fiscal y curriculum. 6. The Chief Nursing Offi oversee the development of prohibiting use of forced wa devices for all pediatric patie outside of the operating roor Formal approval of this polic Children's Hospital Integrate Council occurred on July 5,	ill be ct care vill be ert within rey. The l stop r four aff that record r April on April juirement new nual rear 2018 icer shall a policy rm air ents n. cy by the ed		

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HEALTH CAR	E FINANCING ADMINISTRA	TION		÷			2567-L		
	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		(X2) MULTIP A. BLDG:0 B. WING:		(X3) DATE SURV COMPLETED: 06/26/2017	EY		
MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL C SE NUMBER: 135101	CENTER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033						
STATE LICEN	SE NOMBER. 133101		HERSHEY, P	A 1/033					
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE		
A 1104	Continued from page 51			A 1104					
	Based on a review of f (MR), manufacturer gr (EMP) it was determine their policy related to a matched the manufact Findings include: A review of facility po Standard of Care" effe revealed, "f. Ongoin the following: Vital S heating/cooling device when a patient is unde blanket, or cooling bla patients requiring ward have continuous tempor foley probe in place A review on April 12- the patient arrived in th January 10, 2017, at 2 of 89.4 degrees F, rect	uidelines, and staff in hed the facility failed Bair Hugger warmin urer guidelines. blicy "Children's Hos ective December 201 g patient assessment ignsTemperature es: Minimum of ever r a heating lamp, wa unket. If not contrain ming/cooling blanke erature monitoring re " 13, 2017, of MR1 re he Emergency Depar :51 PM, with a temp	nterviews to ensure g device g device spital 6, includes For ry 2 hours rming idicated, t should ectal or vealed rtment on erature						

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CALIIICA	RE FINANCING ADMINISTE	ATION					250	
	IT OF DEFICIENCIES AND ORRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>	: A. E	IA (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>				
MILTON	ROVIDER OR SUPPLIER: N S. HERSHEY MEDICAL INSE NUMBER: 135101	CENTER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033					
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1104	Continued from page 52		A 11	104				
	<ul> <li>following patient ten rectally: 90.8 F at 8</li> <li>97.8 at 10:44 PM, an January 11, 2017. T temperatures docume January 11, 2017. T at that time was 107.</li> <li>A review of warming guidelines revealed, patient's temperature and monitor the patient Reduce air temperature</li> </ul>	ented until 10:22 AM he patient's rectal temp 6 F. g device manufacturer "Precautions. Monit at least every 10-20 n ent's vital signs regular ure or discontinue ther is reached or it vital sign	ed 4 PM, on on perature 's tor the ninutes, rly. apy when					
	PM with EMP26 cor follow the manufactu have. EMP26 was n guideline regarding n	eted on April 13, 2017, nfirmed the facility did urer's guidelines, but st ot aware of the manufa monitoring the tempera nutes. EMP26 stated,	l not hould àcturer ature at					

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 390256			(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>		
NAME OF PROVIDER OR SUPPLIER: MILTON S. HERSHEY MEDICAL CENTER, THE STATE LICENSE NUMBER: 135101			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033				
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
A 1104	Continued from page 53 news to me."			A 1104			

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Pennsylvania Department of Health

	DF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390256		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/26/2017	EY
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MILTON S	S. HERSHEY MEDICAL C	CENTER, THE	500 UNIVERS	SITY DRIVE	E		
			P.O. BOX 850				
STATE LICENS	e number: <b>135101</b>		HERSHEY, P	A 17033			
(14) ID				ID	İ		010
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TAG		IFYING INFORMATION)	K LBC	TREFIX TRO	CROSS-REFERENCED TO THE		DATE
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P 0000	INITIAL COMMENT			P 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE	<u>.                                     </u>	TITLE:	(X6) DATE:	<u> </u>
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Pennsylvania Department of Health

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	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C	CENTER, THE	STREET ADDRESS, C 500 UNIVERSI P.O. BOX 850				
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<b>,</b> 0000	Continued from page 1		1	P 0000			
	This report is the resul complaint investigatio on April 12-13, 2017, Center. It was determi in compliance with the Pennsylvania Departm Regulations for Hospit Subparts A and B, Nov June 1998.	n (HBG17I180H) co at Milton S Hershey ined that the facility e requirements of the nent of Health's Rules tals, 28 PA Code, Pa	mpleted Medical was not s and rt IV,				
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Pennsylvania Department of Health

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MILTON	WIDER OR SUPPLIER: S. HERSHEY MEDICAL ( se number: 135101	CENTER, THE	STREET ADDRESS 500 UNIVERS P.O. BOX 850 HERSHEY, P	SITY DRIVE			
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Pennsylvania Department of Health

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MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C ise number: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P.	SITY DRIVI			
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P 0317	Continued from page 3 103.4 (3) FUNCTIONS (3) Take all reasonable ste conform to all applicable F State, and local laws and regulations. This REGULATION is no	ederal,		P 0317	<ol> <li>The Penn State Health I Hershey Medical Center (HM Chief Medical Officer (CMC Chief Quality Officer (CQO) email all direct care physicia advanced practice clinicians regarding this serious patient event with reminders about requirements on reporting pa safety events in the patient sa event reporting system. This completed on April 15, 2017</li> <li>The HMC Patient Safet (PSO) will institute an electric health record hard stop alert that will be triggered when a care staff log onto the electric health record, precluding that member from proceeding wi acknowledging receipt and re the alert) indicating the chan the relevant standards of card requiring active acknowledg by the staff member of the me regarding event reporting requirements. An initial con report will be generated demonstrating acknowledgen</li> </ol>	MC) D) and D) and ), shall uns and a memo t safety atient afety s was y. y Officer ronic (an alert my direct onic tt staff thout eview of ges to e and ement nessage npliance	Completion Date: 07/24/2017 Status: APPROVED Date: 07/14/2017

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Pennsylvania Department of Health

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MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( SE NUMBER: 135101	CENTER, THE	STREET ADDRESS, CITY, STATE, 500 UNIVERSITY DRIV P.O. BOX 850 HERSHEY, PA 17033				
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				<ul> <li>this alert within 30 days by care staff employed at the tir survey. The electronic health hard stop alert will remain in for four months for all direct staff that access the electronic health record system for the time after April 14, 2017. Treporting requirement messa be sustained in new employed orientation and annual safety training in the fiscal year 200 curriculum.</li> <li>3. The HMC Chief Nursin will email all nursing staff information regarding this sepatient safety event with remabout requirements on report patient safety events in the p safety event reporting system was completed on April 13, 24. The PSO will read the F CMO and CQO memo regars serious patient safety event with remainders about requirements.</li> </ul>	ne of h record n effect care ic first his was This ge will re 7 18 ng Officer erious hinders ting atient n. This 2017. HMC ding this vith ts on		

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Pennsylvania Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 390256 NAME OF PROVIDER OR SUPPLIER:			A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED: <b>06/26/2017</b>	:	
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					<ul> <li>patient safety event reporting system at the Daily Safety B This was announced on Apri 2017, at 11am.</li> <li>5. The PSO will oversee the individual counseling and reated the patient safety event report the involved eight clinicians, attendance roster for the edu sessions will document and be attached to the patient safety report file. All counseling we completed and documented B 21, 2017 briefing.</li> <li>6. In order to educate all H employees, the PSO will ass. HMC employees a required B learning course (HMC's interelectronic staff education plat to be completed within 30 da content describing timely report file, the methods to re and references to the Patient Event Reporting policy A09 Course completion will be transmission.</li> </ul>	riefing. 1 14, he view of rting for An cation be event vas by April HMC ign to all Compass rnal ttform) ays, with borting C y Event port, Safety HAM.		

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Pennsylvania Department of Health

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					<ul> <li>the Compass electronic syste Failure to complete this required course will result in the applied of the Progressive Discipline The training was made avail April 21, 2017.</li> <li>7. A new Patient Safety departmental policy will be implemented by July 17, 2015 clearly outline timelines for reporting into PA-PSRS conkey steps to ensure timely recession to the PSO will or delays in review and investig The investigation and overall of events along with an initia consideration for PA-PSRS designation will occur no late 14 days of initiating the review Reasons for extension beyord days will be documented in a internal event reporting system the PSO. After 14 days, if q still exist regarding the event designation but the event is considered at least an "Incident" under the programmer of the</li></ul>	nired ication e Policy. able on 17 to event taining porting. ccur for gation. 1 review al er than ew. ad 14 our em by uestions t ent,"	

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Pennsylvania Department of Health

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MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033						
(X4) ID PREFIX TAG	MUST BE PRECEE	NT OF DEFICIENCIES (EACH DEI DED BY FULL REGULATORY OF TIFYING INFORMATION)		PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
° 0317			P 0317	further confirmation occurs. time during the 14 day inter- review, if an event is confirm report will be entered into th PA-PSRS portal within 24 h per current policy. This pro- ensure the report is routed appropriately to the Pennsyl- DOH and/or the PA Patient Authority as applicable. Th will be implemented July 17 8. The PSO and CQO will for compliance with regard t PA-PSRS reporting and mak available, monthly, a report timespans between event dat internal reporting date, and H reporting date to the Patient Committee. This reporting w on July 24, 2017. 9. We will continue engag with our patient safety organ (ECRI) to assist in providing institutional resources, inclu- staff education, that will pro- culture of safety. Additional contracted with Healthcare	hal ned, the e ours as cess will vania Safety is policy , 2017. I monitor o timely te outlining te, PA-PSRS Safety vill begin gement ization g ding mote a				

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MILTON	vider or supplier: 5. HERSHEY MEDICAL C 5e number: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P.	SITY DRIVI			
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P 0317	Continued from page 8			P 0317	Performance Improvement ( provide patient safety-related content, and to assist in a comprehensive assessment of current culture of safety and a road map for improvement education with materials der from HPI began on June 15,	d of our develop t. Staff ived	

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: <b>390256</b>	A. BLDG: _	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 06/26/2017	EY
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C NSE NUMBER: 135101	CENTER, THE	STREET ADDRESS, CITY, STATE, 7 500 UNIVERSITY DRIVI P.O. BOX 850 HERSHEY, PA 17033			
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° 0317	Continued from page 9		P 0317			
<ul> <li>Based on review of facility documen records (MR), Department of Health (Department) database, and staff interit was determined the facility failed to State laws:</li> <li>Milton S Hershey Medical Center was compliance with the following State</li> </ul>		e, and staff interview facility failed to conf dical Center was not	form to all			
	The Medical Care Ava Error Act, 40 P.S. § 13 Medical Facility report Serious event reports the occurrence of a ser and the authority with facility's confirmation serious event. The rep authority shall be in th by the authority in com and shall not include th other identifiable indiv reports A medical fac	303.101 et seq. § 130 ts and notifications ( A medical facility sh rious event to the dep in 24 hours of the me of the occurrence of port to the departmen e form and manner p isultation with the de he name of any patie vidual information. (	3.313 (a) all report partment edical the t and the prescribed partment nt or any			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>	: A. BLD	ULTIPLE CONSTRUCTION: G: G:	(X3) DATE SURV COMPLETED: <b>06/26/2017</b>	D:	
MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL SE NUMBER: 135101	CENTER, THE	STREET ADDRESS, CITY, STA 500 UNIVERSITY DR P.O. BOX 850 HERSHEY, PA 17033	IVE	I		
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P 0317	Continued from page 10 occurrence of an incide and manner prescribe include the name of a individual information reports. A medical fat occurrence of an infra department within 24 confirmation of the or infrastructure failure. shall be in the form an department. This is not met as evin Based on review of fat records (MR), Depart (Department) databass it was determined the serious event to the D Safety Authority with	d by the authority and ny patient or any othe n. (c) Infrastructure f actility shall report the astructure failure to the hours of the medical ccurrence or discover The report to the dep nd manner prescribed denced by: actility documents, me ment of Health's e, and staff interview facility failed to report	d shall not er àilure he facility's y of the bartment by the dical (EMP), ort a tient	7			

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:0	LE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: <b>06/26/2017</b>	
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P 0317	Continued from page 11			P 0317			
	A review on April 13, "Performance Improve 2016, revealed "Exte events and infrastructu the DOH within 24 ho occurrence via the Per Reporting System. Set to the Patient Safety A confirmation of occurr Patient Safety Report A review on April 12- the patient arrived in t January 10, 2017, at 2 of 89.4 degrees F, rect warmer device) was a following patient temp rectally: 90.8 F at 8:1 97.8 at 10:44 PM, and January 11, 2017. The temperatures documen January 11, 2017. The at that time was 107.6	ement Plan," effectivernal reportingSerie ure failures will be reported to formation of ansylvania Patient Saterious Events will be Authority within 24 herence via the Pennsyl- ing System" And 2017, of MR1 reported to the patient. Soft PM, with a temperature were obtain 16 PM, 92.8 F at 9:14 198.0 F at 12:14 AM ere were no other inted until 10:22 AM of e patient's rectal temperatures were and the authority with a temperature of the temperature of the soft PM, 92.8 F at 9:14	e June ous ported to of ifety reported ours of lvania vealed rtment on erature (blanket The ied 4 PM, on				

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MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( ISE NUMBER: 135101	CENTER, THE	STREET ADDRESS, CITY, STATE, 500 UNIVERSITY DRIV P.O. BOX 850 HERSHEY, PA 17033		·	
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P 0317	Continued from page 12 inpatient note addender revealed "We came AM. There were no w around midnight. The us him temp was now about the Bair Hugger night" The patient intensive care unit (PI discharge summary, re- to the PICU in shock w of QRS widening and conduction system im myocardial functional measures, QRS degen pulseless ventricular t baseline of persistent is persisted, with chaotic unstable hemodynamic resuscitative efforts. If A review of the Depa the facility reported th 29, 2017, to the Penns	and saw him in ED ar itals and his last temp e nurse during the rour 42 C {107.6 F}. We and it had been on his was transferred to pe CU). A review of the evealed, the patient ". with ECG changes co ST elevation, worrisc pairment in addition t impairmentDespire erated, there are episo achycardia superimpoly hypotensionHypot e QRS morhphology a cs despite ongoing He expired at 5:39 PM ertment's database revolu-	round 10 o was nds told asked igh all diatric e arrived nsisting ome for to te all these odes of osed on a ension and 4." ealed March			

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Pennsylvania Department of Health

NAME OF PROVIDEE OR SUPPLIER.       STATE LICENSE OR SUPPLIER.         MILTON'S. HERSHEY MEDICAL CENTER, THE STATE LICENSE NUMBER: 135101       STATE LICENSE CORECTIVE ADDRESS CITY, STATE ZIP CODE: 500 UNIVERSITY DRIVE DO DO BOX 850 HERSHEY, PA 17033         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC DENTIFYING DEFORMATION)       PD PREFIX TAG       PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE         P 0317       Continued from page 13       P 0317         System (PSRS), 77 days after the event.       An interview conducted on April 12, 2017, at 11:45 AM with EMP9 confirmed the facility did not report the event until March 29, 2017. EMP9 stated the facility became aware after the Patient Safety Authority sent the facility a letter dated March 3, 2017, regarding the event. EMP9 stated that an employee reported the event anonymously to the Patient Safety Authority. EMP9 confirmed that no one from the facility had entered the event into the facility's internal reporting system. EMP9 stated that he would have expected multiple reports regarding this event. EMP9 further stated that "Hands down, no questions, it should have been reported right away."		OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 06/26/2017	EY		
PREFIX TAG       MUST BE PRECLEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE         P 0317       Continued from page 13       P 0317       Online of the page 13       P 0317         System (PSRS), 77 days after the event.       An interview conducted on April 12, 2017, at 11:45       AM with EMP9 confirmed the facility did not report the event until March 29, 2017. EMP9 stated the facility became aware after the Patient Safety Authority sent the facility a letter dated March 3, 2017, regarding the event. EMP9 stated that an employee reported the event anonymously to the Patient Safety Authority. EMP9 confirmed that no one from the facility had entered the event into the facility's internal reporting system. EMP9 stated that he would have expected multiple reports regarding this event. EMP9 further stated that "Hands down, no questions, it should have been reported right       Image: Construction of the stated that "Hands down, no questions, it should have been reported right	ILTON S	S. HERSHEY MEDICAL (	CENTER, THE	500 UNIVERSITY DRIVE P.O. BOX 850						
System (PSRS), 77 days after the event. An interview conducted on April 12, 2017, at 11:45 AM with EMP9 confirmed the facility did not report the event until March 29, 2017. EMP9 stated the facility became aware after the Patient Safety Authority sent the facility a letter dated March 3, 2017, regarding the event. EMP9 stated that an employee reported the event anonymously to the Patient Safety Authority. EMP9 confirmed that no one from the facility had entered the event into the facility's internal reporting system. EMP9 stated that he would have expected multiple reports regarding this event. EMP9 further stated that "Hands down, no questions, it should have been reported right	EFIX	MUST BE PRECEED	DED BY FULL REGULATORY O			CORRECTIVE ACTION SH	IOULD BE	(X5) COMPLETE DATE		
	17	System (PSRS), 77 da An interview conducte AM with EMP9 confit the event until March facility became aware Authority sent the faci 2017, regarding the ev employee reported the Patient Safety Authority one from the facility h facility's internal report he would have expected this event. EMP9 furt no questions, it should	ed on April 12, 2017, rmed the facility did 29, 2017. EMP9 state after the Patient Safe ility a letter dated May vent. EMP9 stated the event anonymously ity. EMP9 confirmed had entered the event ting system. EMP9 state ed multiple reports re- ther stated that "Hand	not report ted the ety arch 3, hat an to the d that no into the stated that egarding ds down,	P 0317					

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MILTON	WIDER OR SUPPLIER: S. HERSHEY MEDICAL C SE NUMBER: 135101	CENTER, THE	STREET ADDRESS. 500 UNIVERS P.O. BOX 850 HERSHEY, P	SITY DRIV			
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P 0317	Continued from page 14			P 0317			
P 0382				P 0382			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/26/2017	
MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL C SE NUMBER: 135101	ENTER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033				
(X4) ID PREFIX TAG	MUST BE PRECEED	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE /	OULD BE	(X5) COMPLETE DATE
P 0382	Continued from page 15 103.36 (b)(2) PERSONNE 103.36(b) (2) Current information re periodic work performance evaluations. This REGULATION is not	lative to		P 0382	<ol> <li>The Penn State Health I Hershey Medical Center (HM Manager of Scheduling &amp; St Deployment (S&amp;SD) shall cc new process for agency nurs evaluations. The Manager of will create an evaluation tract for all agency nurses to be re weekly by the Manager of Sc designee. The tracking log v include the name of the agen nurse and the completion dat evaluation. The agency will notify the Manager of S&amp;SE evaluation is due for the agen nurse six weeks after the nur start date. This process for a nurse evaluations, including tracking log was initiated on 14, 2017. The new process v reviewed by the Manager of with all nurse managers utili agency nursing staff.</li> <li>A new process shall be to ensure complete agency n evaluations. When an agency nurse's six-week evaluation the Manager of S&amp;SD will s</li> </ol>	MC) taff reate a e f S&SD cking log eviewed &SD or will tey te of the also 0 that an ney se's ngency the April was S&SD, zing created urse y is due,	Completion Date: 07/17/2017 Status: APPROVED Date: 07/14/2017

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 390256			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/26/2017		
MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL C SE NUMBER: 135101	CENTER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033					
(X4) ID PREFIX TAG	SUMMARY STATEMEN MUST BE PRECEED IDENT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
					electronic communication to relevant Nurse Manager with to the online agency nurse evaluation form. The Nurse shall complete the electronic evaluation within three busin days of receipt and respond to Manager of S&SD that the evaluation has been complete Manager of S&SD will ensu the evaluations are complete Nurse Manager within three business days. The Manager S&SD will then mark the ev completed in the evaluation log. This process was initiat April 14, 2017. If the agenc evaluation is not completed three business days, the Mar S&SD will notify the Direct Nursing to take action. If iss identified, actions may inclu progressive discipline proces order to obtain evaluation. The implemented on July 17, 3. The HMC Nurse Manager the Agency Supervisors will for known performance issue	h a link Manager hess to the ed. The re that d by the r of aluation tracking ted on y nurse within hager of or of sues are de the ss, in This will 2017. gers and monitor		

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: <b>06/26/2017</b>	ΞY
MILTON S	VIDER OR SUPPLIER: 5. HERSHEY MEDICAL C SE NUMBER: 135101	ENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850				
STATE LICENS	SE NUMBER: 133101		HERSHEY, P	A 17033			
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
P 0382	Continued from page 17		P 0382				
					<ul> <li>inform the Manager of S&amp;SI designee, as appropriate. The Manager of S&amp;SD or design investigate and validate any with the relevant Nurse Mana Based on the findings of the investigation, the Manager or will decide whether to remeat terminate the agency nurse's contract. This process was implemented on April 14, 2004. The Nurse Manager of shall educate all of the Nurse Managers, including those necurrently utilizing agency nurse's shall in the agency personne process. This process shall in the agency nurse evaluation. information was presented to Nurse Managers at the Clinic Services Management Courter May 18, 2017.</li> </ul>	ne will issues lager. of S&SD diate or 017. S&SD e ot ursing el nclude This o the cal	

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	T OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>	: A. BLDG:	A. BLDG:00         B. WING:		
MILTON	OVIDER OR SUPPLIER: I <b>S. HERSHEY MEDICAL</b> ( NSE NUMBER: <b>135101</b>	CENTER, THE	STREET ADDRESS, CITY, STATE, 500 UNIVERSITY DRIV P.O. BOX 850 HERSHEY, PA 17033			
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P 0382	Continued from page 18		P 0382			
	Based on review of fa (PF), and staff intervi the facility failed to en performance evaluation three personnel files r Findings include:	ew (EMP), it was det nsure periodic work ons were completed f	ermined			
A review of facility policy "Agency Person effective October 2015, revealed, "b. {na redacted} Healthcare will send an evaluati six weeks after the agency personnel has w the unit. Evaluation form will be complete electronically by the Nurse Manager or de and submitted to {name redacted} Healthc Evaluation is kept on file by {name redacted}		ime on form, vorked on ed signee are.				
	A review of PF3 on A employee was hired o no evaluations in the	n April 19, 2016. Th				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG: _	00	(X3) DATE SURVI COMPLETED: 06/26/2017	EY
	VIDER OR SUPPLIER: S. HERSHEY MEDICAL C	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850	SITY DRIV		I	
STATE LICENS	e number: 135101		HERSHEY, P.				
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P 0382	Continued from page 19			P 0382			
	An interview conducte AM with EMP18 conf were done for PF3. EN the facility should have weeks apart, for PF3.	irmed that no evalua MP18 further confirm	tions ned that				
P 0385				P 0385			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SUR <sup>1</sup> COMPLETED: <b>06/26/2017</b>	VEY
MILTON	OVIDER OR SUPPLIER: S. HERSHEY MEDICAL C ISE NUMBER: 135101	ENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVI			
(X4) ID PREFIX TAG	MUST BE PRECEED		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
P 0385	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 20 103.38 EDUCATION PROGRAMS 103.38 Education programs Orientation and inservice training programs should be provided in order that hospital personnel may maintain their skills and learn new developments in health care. This REGULATION is not met as evidenced by:			P 0385	1. The Penn State Health I Hershey Medical Center (HM Emergency Department (ED Manager shall discuss the requirements to complete all nursing competency checkliss the involved agency registere nurse (RN). This discussion occurred with the involved a RN and the competency check were completed on April 15, 2. HMC shall formalize th to on-board and track all age general and departmental ori checklists, which will includ competencies. The agency F be required to complete these competency checklists within weeks of his or her start date Completed competency check will be reviewed and signed Clinical Nurse Educator/desig and/or Nurse Manager/desig signify approval and comple the agency nurse's orientation new process was initiated on 17, 2017. If an agency nurse completed competency check not received within 2 weeks	MC) ) Nurse ED sts with ed gency cklists 2017. e process ncy RN entation e RN will e n 2 s. cklists by the ignee nee to tion of n. This (April c's klist is	Completion Date: 07/17/2017 Status: APPROVED Date: 07/14/2017

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MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL ( SE NUMBER: 135101	I CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P	SITY DRIVI				
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P 0385	Continued from page 21			P 0385	her start date, that agency nu be placed back on orientation next scheduled shift and com- orientation until the checklis completed and turned into the Clinical Nurse Educator/des and Nurse Manager/designed process will be implemented 2017. 3. The Nurse Manager of Pool/designee reviewed all a nurse files for any incomplet on all HMC Core Competen checklists. If any incomplet competency items were noted departmental Nurse Educators/designee assisted nurses in completing these it The agency RNs were given week to complete the checkl This review was completed of 17, 2017. 4. For any incomplete che items that were identified, the Manager of the Float Pool/d contacted individual Nurse Managers and Clinical Nurse Educators to ensure the ager completed the missing check	n on the tinue on tists are ne ignee e. This I July 17, the Float ngency te items cy e ed, the these tems. one list. on April ecklist ne Nurse esignee e ncy RN		

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	F OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: <b>06/26/2017</b>	Ŷ
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P 0385	Continued from page 22			P 0385	items within a one week peri Nurse Managers and Clinica Educators were contacted, ar completed checklist items w received by the Nurse Manage the Float Pool by April 21, 2 5. The Nurse Manager of shall educate all of the Nurse Managers, including those m currently utilizing agency nu staff, on the agency personne process. This process shall in the agency nurse competency evaluation. Information on the agency personnel process was presented to the Nurse Manage the Clinical Services Manage Council on May 18, 2017.	l Nurse nd the ere ger of 017. S&SD e ot rrsing el nclude y he as gers at	

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MILTON	ROVIDER OR SUPPLIER: <b>S. HERSHEY MEDICAL (</b> NSE NUMBER: <b>135101</b>	CENTER, THE	STREET ADDRESS, CITY, 500 UNIVERSITY P.O. BOX 850 HERSHEY, PA 17	DRIVE	CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION)		ID IX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
P 0385	Based on review of facility documents, per (PF), and staff interview (EMP), it was det that the facility failed to ensure that the em received orientation/training on the thermo- technique and devices for one of three pers files reviewed (PF3).		ermined ployee regulation	385			
	Findings include: A review of facility E Registered Nurse Cord 2017, revealed "Inte Competency Statemer an ability to assess, id and troubleshoot poter integumentary/surface associated equipment. techniques & devices hugger." Further revie revealed, "This form i the alloted hours for o	e Competency on Ap gumentary/Surface T nt: Demonstrate or ve entify, provide care, s ntial or actual life-thr trauma emergencies 4. Thermoregulat - cooling machine/Be ew of the competency s to be completed wi	ril 12, Frauma erbalized manage, reatening and ion ear {sic} y form thin the				

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	TATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE DEAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIE IDENTIFICATION NUME 390256			A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 06/26/2017	EY
MILTON	VIDER OR SUPPLIER: 5. HERSHEY MEDICAL ( 35E NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, P.	SITY DRIVE			
(X4) ID PREFIX TAG	MUST BE PRECEED	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
° 0385	Continued from page 24 A review of PF3 on April 12, 2017, reveale			P 0385			
	Emergency Departme Competency was not of Thermoregulation tech machine/Bear {sic} his completed. Further re- employee was hired of An interview conduct AM with EMP4 confi competency was not of thermoregulation tech machine/Bair Hugger was hired one year ag	nt Registered Nurse ( complete. The hniques & devices - c ugger was not signed view of PF3 revealed n April 19, 2016. ed on April 13, 2017, rmed the nurse core completed for niques & devices - co for PF3 and that the	Core cooling off as the , at 9:30				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 06/26/2017	ΞY
NAME OF PRO	VIDER OR SUPPLIER:		STREET ADDRESS				
MILTON S	6. HERSHEY MEDICAL C	CENTER, THE	500 UNIVERS		E		
STATE LICENS	e number: 135101		P.O. BOX 850 HERSHEY, P				
(X4) ID PREFIX TAG	MUST BE PRECEED	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
P 0385	Continued from page 25			P 0385			
P 0933				P 0933			

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MILTON	DVIDER OR SUPPLIER: S. HERSHEY MEDICAL C SE NUMBER: 135101	CENTER, THE	STREET ADDRESS, 500 UNIVERS P.O. BOX 850 HERSHEY, PA	ITY DRIVI			
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P 0933	33 Continued from page 26			P 0933			
					<ol> <li>The Penn State Health M. Hershey Medical Center (HM Emergency Department (ED Manager will discuss with th involved registered nurses (F the need to document all vita (temperature, heart rate,pulse pressure and oxygen saturati required in Emergency Depa Nursing Standard of Care E (revision date April 13, 2017 Emergency Department Nurs Standard of Care E 8CPMN revised on April 13, 2017. Tr involved RN communication completed on April 14, 2017 involved RNs acknowledged writing that they will comply required vital sign document Documentation was provided demonstrating that each RN reviewed and agreed to an understanding of this revised standard of care on April 14, 2. The ED Nurse Manager sh communicate via email to all nursing staff the revised stan</li> </ol>	MC) ) Nurse le RNs), ll signs e, blood on) as urtment 8CPMN 7). The sing was he n was 7. The l in 7 with ation. d l 2017. nall l ED	Completion Date: 04/17/2017 Status: APPROVED Date: 07/11/2017

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					<ul> <li>will be required to acknowle review of the standard of car their signature captured on a This email was sent on April 2017.</li> <li>The ED Nurse Manager with expectations for vital sig documentation in a weekly newsletter that is distributed staff. The newsletter was em April 14, 2017.</li> <li>For a period of three mont ED Nurse Manager will over audits of thirty (30) randoml selected ED medical records month for appropriate documentation of vital signs the revised standard of care 18 8CPMN. These monthly audi include the involved RNs in monthly audit. The name of nurse who documented vitals those records will be recorde audit tracking purposes. This process was initiated on Apr 2017.</li> <li>The ED Nurse Manager wind util Progressive Discipline proce</li> </ul>	re with roster. 113, vill review n to ED ailed on ths, the rsee y per as per E lits will each the ED s in ed for s audit il 17, vill lize the	

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STATURNO OF DEFICIENCIES AND PLAY OF CORRECTION (PAG)     INVERTURE RECLAIL INVERTURE ADDRESS, CITY, STATE, ZP CODE: 390256     COMPLETED SUPPLY A RIDG:_0     COMPLETED SUPPLY OF 2622017       NAME OF PROVIDER OR SUPPLIER. MULTON S. HERSHEY MEDICAL CENTER, THE STATE LICENSE MANNER: ISSIO1     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVE DO BOX 850 HERSHEY, PA 17033     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVE DO BOX 850 HERSHEY, PA 17033     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVE DO BOX 850 HERSHEY, PA 17033     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVE DO BOX 850 HERSHEY, PA 17033     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVE DRIVERS HAR VALUE ACTOR STRUCTOR HERCH DATE     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVER DRIVERS HAR VALUE ACTOR STRUCTOR HERCH DATE     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVER DRIVERS HAR VALUE ACTOR STRUCTOR HERCH DATE     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVER DRIVERS HAR VALUE ACTOR STRUCTOR HERCH DATE     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVER DRIVERS HAR VALUE ACTOR STRUCTOR HERCH DATE     STREET ADDRESS, CITY, STATE, ZP CODE: SOU UNIVERSITY DRIVER DRIVERS HAR VALUE ACTOR STRUCTOR HERCH DRIVERS HAR VALUE ACTOR HERCH DRIVER HERCH DRIVERS HAR VALUE ACTOR HERCH DRIVERS					1			
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390230         NAME OF PROVIDER OR SUPPLIER:         MILTON S. HERSHEY MEDICAL CENTER, THE         STREET ADDRESS, CITY, STATE, ZIP CODE:         SOU UNIVERSITY DRIVE         P.O. BOX 850         BOX 850         HERSHEY, PA 17033         (X4) ID         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY         MUST BE PRECEEDED BY FULL REGULATORY OR LSC       ID         IDENTIFYING INFORMATION)       PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH COMPLETE DATE         P 0933       Continued from page 28       P       0933         P 0933       Continued from page 28       P       0933			200257				06/26/2017	
MILTON S. HERSHEY MEDICAL CENTER, THE STATE LICENSE NUMBER: 135101       500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE       (X5) COMPLETE DATE         P 0933       Continued from page 28       P 0933       address any findings of noncompliance as needed with       address aneeded with			390256				00/20/2017	
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Pennsylvania Department of Health

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SURV COMPLETED: 06/26/2017	EY
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	Based on review of fac (MR) and staff intervie						
	the facility failed to en	. ,,					
	information pertaining	to a patient shall be					
	incorporated in the me		of 11				
	medical records review	wed (MR1).					
	Findings include:						
	A review of facility po	-	-				
	Standard of Care" effe revealed, "f. Ongoing		-				
	the following: Vital S						
	heating/cooling device	•					
	when a patient is under	• •	•				
	blanket, or cooling blanket. If not contrain						
	patients requiring warn have continuous tempe						
	foley probe in place	•					
	A review on April 12-						
	the patient arrived in the	he Emergency Depar	rtment on				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 06/26/2017	
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	January 10, 2017, at 2: of 89.4 degrees F, rect warmer device) was ap following patient temp rectally: 90.8 F at 8:1 97.8 at 10:44 PM, and January 11, 2017. The temperatures documen January 11, 2017. The at that time was 107.6 inpatient note addendu revealed "We came a AM. There were no vi around midnight. The us him temp was now about the bair hugger a night" An interview conducted AM with EMP19 confi were not documented i record. EMP19 stated was in the room every	ally. A Bair Hugger oplied to the patient. beratures were obtain 6 PM, 92.8 F at 9:14 98.0 F at 12:14 AM ere were no other ited until 10:22 AM of patient's rectal temp F. A review of physim dated January 13, and saw him in ED a itals and his last temp nurse during the rou 42 C {107.6 F}. We and it had been on hi ed on April 13, 2017, firmed that the tempe in the patient's medic "I know I took temp	(blanket The ed PM, on on perature sician 2017, round 10 p was unds told e asked gh all , at 9:40 eratures cal os. I				

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Pennsylvania Department of Health

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P 0933	Continued from page 31			P 0933			
	have not documented, with me. I was probab An interview conducte AM with EMP4 confir documented for a "10"	oly busy with somethed on April 12, 2017, rmed that no temps v	ning else." , at 10:45				
P 1531				P 1531			

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Pennsylvania Department of Health

	Γ OF DEFICIENCIES AND DRRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SUR COMPLETED: 06/26/2017	VEY	
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2 1531	Continued from page 32 115.33 (a) ENTRIES 115.33 Entries (a) All significant clinical information pertaining to a patient shall be incorporated in his medical record. This REGULATION is not met as evidenced by:			P 1531 1. The Penn State Health Milton S. Hershey Medical Center (HMC) Emergency Department (ED) Nurse Manager will discuss with the involved registered nurses (RNs), the need to document all vital signs (temperature, heart rate,pulse, blood pressure and oxygen saturation) as required in Emergency Department Nursing Standard of Care E 8CPMN (revision date April 13, 2017). The		MC) ) Nurse le RNs), Il signs e, blood on) as urtment 8CPMN '). The	Completion Date: 04/17/2017 Status: APPROVED Date: 07/11/2017	
					Emergency Department Nurs Standard of Care E 8CPMN revised on April 13, 2017. This involved RN communication completed on April 14, 2017 involved RNs acknowledged writing that they will comply required vital sign document Documentation was provided demonstrating that each RN reviewed and agreed to an understanding of this revised standard of care on April 14, 2. The ED Nurse Manager sl communicate via email to all nursing staff the revised stand	was he h was '. The l in y with ation. d l , 2017. hall l ED		

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	F OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION: 	(X3) DATE SURVI COMPLETED: 06/26/2017	ΈY	
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					<ul> <li>will be required to acknowle review of the standard of car their signature captured on a This email was sent on April 2017.</li> <li>3. The ED Nurse Manager w the expectations for vital sig documentation in a weekly newsletter that is distributed staff. The newsletter was em April 14, 2017.</li> <li>4. For a period of three mont ED Nurse Manager will over audits of thirty (30) randoml selected ED medical records month for appropriate documentation of vital signs the revised standard of care I 8CPMN. These monthly audi include the involved RNs in monthly audit. The name of nurse who documented vitals those records will be recorde audit tracking purposes. This process was initiated on Apr 2017.</li> <li>5. The ED Nurse Manager w</li> </ul>	re with roster. 113, vill review n to ED ailed on ths, the rsee y per as per E lits will each the ED s in ed for s audit il 17, vill lize the		

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P 1531	Continued from page 34			P 1531	<u> </u>		
					address any findings of noncompliance as needed w identified staff RNs.	ith	

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P 1531	1531       Continued from page 35         Based on review of facility policy, medical (MR) and staff interview (EMP), it was de the facility failed to ensure all significant of information pertaining to a patient shall be incorporated in the medical record for one medical records reviewed (MR1).			P 1531				
			termined linical					
	Findings include:							
A review of facility policy "Children's Hos Standard of Care" effective December 201 revealed, "f. Ongoing patient assessment the following: Vital SignsTemperature heating/cooling devices: Minimum of eve when a patient is under a heating lamp, wa blanket, or cooling blanket. If not contrain patients requiring warming/cooling blanket have continuous temperature monitoring re foley probe in place"		l 6, includes .For ry 2 hours rming adicated, t should						
	A review on April 12- the patient arrived in the							

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P 1531	Continued from page 36			P 1531			
	January 10, 2017, at 2: of 89.4 degrees F, rect warmer device) was ap following patient temp rectally: 90.8 F at 8:1 97.8 at 10:44 PM, and January 11, 2017. The temperatures documen January 11, 2017. The at that time was 107.6 inpatient note addendu revealed "We came a AM. There were no vi around midnight. The us him temp was now about the bair hugger a night" An interview conducted AM with EMP19 confi were not documented in EMP19 stated "I know room every hour doing	ally. A Bair Hugger oplied to the patient. beratures were obtain 6 PM, 92.8 F at 9:14 98.0 F at 12:14 AM ere were no other ited until 10:22 AM of patient's rectal temp F. A review of physim dated January 13, and saw him in ED a itals and his last temp nurse during the rou 42 C {107.6 F}. We and it had been on hi ed on April 13, 2017, firmed that the tempe in the medical record of I took temps. I was	(blanket The ed PM, on on perature sician 2017, round 10 p was unds told e asked gh all , at 9:40 eratures l. s in the				

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STATE LICEN	NSE NUMBER: 135101		HERSHEY, PA	17033			
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P 1531	Continued from page 37		F	P 1531			
	documented, I did not I was probably busy w An interview conducte AM with EMP4 confin documented for a "10	with something else." ed on April 12, 2017, crmed that no temps w	, at 10:45				
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P 1748	Continued from page 38			P 1748			
	<ul> <li>117.41 (a) EMERGENCY</li> <li>117.41 Emergency patient</li> <li>(a) Emergency patient care</li> <li>guided by written policies a</li> <li>procedures which delineate</li> <li>administrative and medical</li> <li>and methods to be followed</li> <li>providing emergency care.</li> <li>policies and procedures sha</li> <li>and explicit; approved by t</li> <li>staff and hospital governing</li> <li>reviewed annually, revised</li> <li>necessary; and dated to ind</li> <li>date of the latest review or</li> <li>or both.</li> </ul> This REGULATION is not	care e shall be and e the proper procedures d in These all be clear he medical g body; as icate the revision,			<ol> <li>The HMC Nursing Qua Safety Program Director will the Adult, Children's Hospit Emergency Department, Peri-anesthesia, and Womer Health standards of care to r consistent temperature moni standard for patients being v with a warming blanket. The aforementioned standards w revised and on April 13, 201 were approved for immediat application.</li> <li>The Nursing Quality ar Program Director will facility revision of the Adult, Childth Hospital, Emergency Depart and Peri-anesthesia and Woo Health standards of care to b consistent with manufacture instructions of temperature monitoring every 20 minute</li> </ol>	Il revise al, al, 's reflect a itoring varmed e ere 17, they te nd Safety tate ren's ttment, men's be r	Completion Date: 07/05/2017 Status: APPROVED Date: 07/14/2017

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revised standards of care shall be communicated to all relevant inpatient nursing and provider staff. The standards were revised on April 13, 2017. The communication to all inpatient nursing and provider staff

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER <b>390256</b>		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: <b>06/26/2017</b>	EY	
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					<ul> <li>occurred on April 14, 2017.</li> <li>3. The Nursing Quality an Program Director shall instru- Nurse Managers to include communication regarding the updated standards of care in next weekly updates to nursi This was accomplished on A 2017.</li> <li>4. The device-specific pol BAIR-HUGGER WARMIN THERAPY and CABINET BLANKET GUIDELINES ( will be deleted to eliminate to possibility for differing interpretations of the policy standards of care. This was completed on April 13, 2017</li> <li>5. An electronic health rec stop alert (an alert that will be triggered when any direct ca log onto the electronic health precluding that staff member proceeding without acknowl</li> </ul>	e newly their ng staff. .pril 14, icy B-7: G PACU) he and y. cord hard be re staff n record, r from		

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					<ul> <li>receipt and review of the ale indicating the changes to the relevant standards of care winstituted, requiring active acknowledgment for all dire staff. A compliance report of generated to demonstrate acknowledgement of this ale 30 days by direct care staff employed at the time of survelectronic health record hard alert will remain in effect for months, for all direct care st access the electronic health restaff 14, 2017. This was initiated 14, 2017. This reporting recomessage will be sustained in employee orientation and an safety training in the fiscal y curriculum.</li> <li>6. The Chief Nursing Officient of the operating root forced wa devices for all pediatric patient of the operating root formal approval of this policient.</li> </ul>	ill be ill be ect care will be ert within vey. The d stop r four aff that record r April on April uirement new inual vear 2018 icer shall a policy irm air ents n.	

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Children's Hospital Integrated Council occurred on July 5, 2017.

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P 1748	Continued from page 41 Based on a review of (MR), manufacturer g (EMP) it was determine their policy related to matched the manufact Findings include: A review of facility per Standard of Care" effect revealed, "f. Ongoine the following: Vital Scheating/cooling device when a patient is under blanket, or cooling bla patients requiring ware have continuous temp foley probe in place A review on April 12- the patient arrived in the January 10, 2017, at 2	uidelines, and staff ir ned the facility failed Bair Hugger warmin urer guidelines. blicy "Children's Hos ective December 2010 g patient assessment SignsTemperature es: Minimum of ever er a heating lamp, war anket. If not contrain ming/cooling blanket erature monitoring re ." -13, 2017, of MR1 re the Emergency Depar	nterviews to ensure g device g device pital 6, includes For ry 2 hours rming dicated, t should ectal or vealed ctment on			

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 390256		: A. BLDG:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>		(X3) DATE SURVEY COMPLETED: 06/26/2017			
NAME OF PROVIDER OR SUPPLIER: MILTON S. HERSHEY MEDICAL CENTER, THE STATE LICENSE NUMBER: 135101			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033					
(X4) ID PREFIX TAG			FICIENCY ID	ID PROVIDER'S PLAN OF CORRECTION (EACH				
P 1748	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)         Continued from page 42         of 89.4 degrees F, rectally. A Bair Hugger (warmer device) was applied to the patient.         following patient temperatures were obtained rectally:         90.8 F at 8:16 PM, 92.8 F at 9:14         97.8 at 10:44 PM, and 98.0 F at 12:14 AM of January 11, 2017. There were no other         temperatures documented until 10:22 AM of January 11, 2017. The patient's rectal temperatures documented until 10:22 AM of January 11, 2017. The patient's rectal temperatures documented until 10:22 AM of January 11, 2017. The patient's rectal temperatures documented until 10:22 AM of January 11, 2017. The patient's rectal temperatures documented until 10:22 AM of January 11, 2017. The patient's rectal temperatures documented until 10:22 AM of January 11, 2017. The patient's rectal temperatures documented until 10:22 AM of January 11, 2017. The patient's rectal temperature at the time was 107.6 F.         A review of warming device manufacturer's guidelines revealed, "Precautions. Monitor patient's temperature at least every 10-20 mi and monitor the patient's vital signs regularl Reduce air temperature or discontinue thera the therapeutic goal is reached or it vital sign instability occurs"         An interview conducted on April 13, 2017, PM with EMP26 confirmed the facility did afollow the manufacturer's guidelines, but sh have. EMP26 was not aware of the manufacture guideline regarding monitoring the temperature at the temperature of the manufacture o		The red PM, on on perature 's tor the ninutes, rly. apy when gn , at 12:15 not hould acturer					

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 390256			(X2) MULTIPLE CONSTRUCTION: A. BLDG: B. WING:		(X3) DATE SURVEY COMPLETED: 06/26/2017				
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
	least every 10-20 minu news to me."	ites. EMP26 stated,	"It was						

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# **Certified End Page**

### **MILTON S. HERSHEY MEDICAL CENTER, THE STATE LICENSE NUMBER: 135101 SURVEY EXIT DATE: 06/26/2017**

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Shannon M. Baker

Shannon M. Baker Acting Deputy Secretary for Quality Assurance



Rachel L. Levine, MD Acting Secretary of Health

THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY